

result is not satisfactory mental health care in their eyes, but a band-aid approach," the report says.

"Psychiatric services should concentrate on outpatient care, day treatment and counseling programs," the report states, in order to help meet the goals of "management of acute and chronic problems and successful participation in the free community upon release."

Also reviewed were the general health administration at the state level and within the prison. Delivery of health services and access to care by inmates were examined against AMA standards and specific recommendations were made, including some timelines for implementation.

The team also recommended that a special advisory committee be appointed to provide health care policy guidance to the Division of Corrections for all its institutions, and monitor progress at the penitentiary over the next two years.

It will be up to Judge Tanner to determine which parts of the report the state will be required to comply with. He may add his own time requirements or approve those recommended in the report, such as meeting AMA standards within 18 months. The state may adopt the recommendations of the report on its own; some have been followed by penitentiary personnel after receiving drafts of the report. Prison health officials say the audit has already been beneficial because it has provided them with ideas, plans and guidance for improving prison health care. □

Answer to quiz on page 8:

- 1—b
- 2—b
- 3—a
- 4—c
- 5—c
- 6—c
- 7—a
- 8—c
- 9—c
- 10—a



Dr. John Hicks readied for doorbelling effort. Assisting him were his daughter, Lisa, and wife, Josie.

Ophthalmologists Alert Public About Optometry Bill Before Legislature

Some 20 ophthalmologists took part in a doorbelling campaign in Seattle's 36th District in mid-January to bring Senate Bill 3040 to the public's attention. That bill, if passed by the state legislature, would allow optometrists to use five types of prescription drugs for diagnostic and treatment purposes.

Dr. John Hicks of Seattle, president of the Washington State Academy of Ophthalmology, and Dr. Leonard B. Alenick of Tacoma, the group's legislative chairman, organized the campaign. They chose the 36th District because it is the home of Senator Ray Moore, chairman of the Senate Social and Health Services Committee, who favors SB 3040.

The ophthalmologists distributed literature to residents which explains the differences among optometrists, ophthalmologists and opticians. They described SB 3040 and outlined the danger to the public health and safety if it is passed. They then asked residents to sign petitions supporting the ophthalmologists' position on the issue. Approximately 300 petitions were signed and sent to Senator Moore.

The Seattle Times and KIRO TV covered the event, but the television station inadvertently underscored the public's confusion over the differences among the professions. They reported that if SB 3040 passed, *opticians* would be able to use prescription drugs on their patients. □

A Quiz

How Informed Are You on Informed Consent?

Circle the most applicable response. While the answers given on page 7 are based on uniform interpretations of existing law, courts may well rule differently in individual cases.

1. *If a medical procedure or surgical operation is recommended by you, and if the patient is competent to give consent, then the decision to proceed:*
 - a. Is solely your decision.
 - b. Is solely the patient's decision, although you may make professional recommendations.
 - c. Is a joint decision of the patient and yourself.
2. *Consent to a medical procedure or surgical operation by a competent patient:*
 - a. Is valid if freely given by the patient.
 - b. Is invalid unless it was based on information about the procedure or operation made available to the patient.
3. *If a medical procedure or surgical operation is performed on a patient competent to give consent, and if an informed consent is not obtained and documented and "injury" occurs as a result of the procedure or operation, then the treating physician:*
 - a. May be liable for damages even if the procedure or operation was medically appropriate and competently performed.
 - b. Will not be liable for damages so long as the procedure or operation was medically appropriate and competently performed.
4. *When obtaining your patient's consent, your patient should be provided with:*
 - a. The minimum amount of information necessary to induce him/her to give consent.
 - b. The information which would be disclosed by a doctor in good standing within your medical community.
 - c. The information which would be material to a reasonable person's consenting, including the nature and purpose of the procedure, as well as its risks and alternatives.
5. *Should your patient's consent be obtained for routine medical procedures and medication which have a minimal risk of serious injury or death:*
 - a. Always
 - b. Usually
 - c. Rarely
6. *When your patient's consent for a medical procedure or a surgical operation is obtained, your patient should be provided with:*
 - a. No written information about the procedure or operation.
 - b. Oral and/or written information about the procedure or operation which is general in nature but non-specific to your patient.
 - c. Oral and/or written information about the procedure or operation which is specific to your patient.
7. *Should your patient's consent for a special medical procedure or a surgical operation to be performed by you be obtained by:*
 - a. You personally
 - b. Any knowledgeable physician (including a house officer)
 - c. An informed non-physician hospital or office employee
8. *When obtaining your patient's consent, you may abstain from providing information to which your patient would otherwise be legally entitled, if:*
 - a. Your patient competently declines to be provided with the information.
 - b. You and your consultant determine the information would be detrimental to your patient's ability to weigh the risks of the procedure or operation to be performed.
 - c. a and b.
9. *When using the WSMA informed consent form, witnessing the signature per se can be done by:*
 - a. You
 - b. A hospital or office staff member
 - c. Any competent adult
10. *If you use the WSMA informed consent form (or an analogous one) and a dispute subsequently arises:*
 - a. The signed form necessitates the patient's proving that you did not inform him/her adequately.
 - b. The signed form does not relieve you of having to prove that you did inform the patient adequately.

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